

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 3rd March, 2022, 6.30 pm - Woodside Room - George Meehan House, 294 High Road, N22 8JZ

(To watch the live meeting click [here](#) or watch the recording [here](#))

Members: Councillors Pippa Connor (Chair), Nick da Costa, Mark Blake, Gideon Bull, Eldridge Culverwell, Mahir Demir and Sheila Peacock

Co-optees/Non Voting Members: Helena Kania (Co-Optee)

Quorum: 3

1. FILMING AT MEETINGS

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The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

4. DECLARATIONS OF INTEREST

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 10)

To approve the minutes of the previous meeting.

7. WORKING TOWARDS MENTAL HEALTH AND WELLBEING (PAGES 11 - 30)

To provide an overview of Haringey's Great Mental Health Programme.

8. LIVING THROUGH LOCKDOWN - COUNCIL RESPONSE (PAGES 31 - 62)

To receive an update on the Council's response to the recommendations of the 'Living Through Lockdown' report.

The report was published in August 2020 by the Joint Partnership Board and is provided in full in this pack.

To follow - Details on Council response.

9. CABINET MEMBERS QUESTIONS

An opportunity to question the Cabinet Member for Health, Social Care and Well-being, Cllr Lucia das Neves, on developments within her portfolio.

10. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

Dominic O'Brien, Principal Scrutiny Officer

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Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

River Park House, 225 High Road, Wood Green, N22 8HQ

Wednesday, 23 February 2022

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY 16TH DECEMBER 2021,
6.30 - 9.05pm**

PRESENT:

Councillors: Pippa Connor (Chair), Mark Blake, Gideon Bull, Mahir Demir and Sheila Peacock

Co-Optees/Non-voting members: Ali Amasyali and Helena Kania.

35. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

36. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Mahir Demir.

Apologies for lateness were received from Cllr Mark Blake who joined the meeting at 6:45pm.

37. ITEMS OF URGENT BUSINESS

None.

38. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Gideon Bull declared that he was currently employed by NHS England.

39. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

40. MINUTES

The minutes of the previous meeting were approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 15th November 2021 be approved as an accurate record.

41. SCRUTINY OF THE 2022/23 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2022/23 - 2026/27)

Josephine Lyseight, Head of Finance (People), introduced the reports focusing initially on Appendix B which covered the 2022/23 Budget and the 2022-2027 Medium Term Financial Strategy. She explained that the draft budget for next year included a budget growth proposal of £11.85m across the whole organisation, of which £2.41m was growth in the Adults part of the budget. To balance the budget there would be a short-term use of reserves totalling £5.8m. This assumed additional income from a Council Tax increase of 1.99% and a further Adults Social Care Precept of 1%.

Josephine Lyseight reported that no new savings were being proposed for Adults & Health, however there were previously agreed savings in the 2022/23 to 2025/26 period with an overall savings target of £4.7m. The total revenue budget for Adults for 2022/23 was just over £82m.

Cllr Bull said that he understood additional funding for local authorities to have been recently announced for adult social care by the NHS to help discharge patients from hospital to free up space for Covid patients. Asked by Cllr Bull how this would be factored into next year's Adults budget, Josephine Lyseight said that she didn't have any specific details about additional funding but that any new money would fund additional expenditure and so would not change the funding allocation in the rest of the budget.

Josephine Lyseight then addressed the capital budget noting that there were no new capital proposals for Adults. The capital allocation for previously agreed projects from 2022/23 to 2026/27 was just under £73m.

Asked by Cllr Connor whether the £12m figure quoted in paragraph 1.4 of Appendix B represented the total savings that the Council needed to make in 2022/23, Josephine Lyseight confirmed that this was correct and that £4.7m of this related to the Adults budget, as set out in Table 7.2 on page 40 of the agenda pack. Asked by Cllr Connor how this related to the figures set out in the Savings Tracker on pages 71 & 72 of the agenda pack, Beverley Tarka, Director of Adults & Health, clarified that the figures in Table 7.2 comprised of previously agreed savings for the 2022/23 to 2025/26 period and that no new savings for this period were being proposed this year. The previously agreed savings were therefore already 'baked into' the budget. The Savings Tracker illustrated progress against agreed savings in the 2021/22 financial year. Josephine

Lyseight clarified that the savings target for 2021/22 was just under £3.2m, followed by £3.98m in 2022/23 and £0.535m in 2023/24 with no savings required in the following two years, resulting in total savings of just over £7.6m.

Asked by Cllr Peacock what services would be cut as a result of this, Beverley Tarka said that their budget management strategy had three strands. The first strand was managing the market which related to how much was paid for care to providers by stabilising prices in line with comparable boroughs. The second strand was demand management with early interventions, such as through reablement, to prevent prices from rising to excessive levels due to periods of increased demand. The third strand was operations management, including through a strength-based approach to improve outcomes and reduce costs by looking at how individuals can support themselves, support available to them in their locality and whether there was a role for assistive technology. Because of this budget management strategy, closures of specific services that had been seen in previous years had not been necessary in the past two years.

Cllr Bull referred to a recent news article highlighting recent difficulties for local authorities in recruiting care staff and asked what challenges were faced on this in Haringey. Beverley Tarka said that Haringey Council pays the London Living Wage for home care and this helps with staff retention. They had also been petitioning the government along with fellow ADASS (Association of Directors of Adult Social Services) members for social care reform funding to improve the working conditions of commissioned staff. At present, the government was only providing one-off, time-limited, grant funding to support local authorities through crisis situations such as Covid. She added that the Council had some specific workforce shortages, particularly with therapists, and this situation was monitored on a daily basis. In some parts of the country some providers were having to turn down work due to staff shortages, but this was not the current situation in Haringey.

Asked by Cllr Bull what impact analysis was carried out in relation to savings proposals, Beverley Tarka said that while closures of services in previous years had a wider adverse impact, the current budget management strategy was a positive approach with partnership working which aimed to improve outcomes and reduce the cost of care without having adverse impacts.

Cllr das Neves, Cabinet Member for Health, Social Care and Well-being, added that it was important to understand that there was not a national vision to place social care on an equal footing to health care. However, locally there had been close partnership working and planning on the integrated care system, including the strengthening of the voice of residents. She added that early intervention and prevention was important, not just as a way of saving money, but also to prevent illness and improve quality of life.

Asked by Cllr Blake about the risk factors associated with the budget, Beverley Tarka responded that the main risk factors were:

- government funding for social care was a key risk factor as settlements received to date had not been adequate.
- there were some unknowns and uncertainties associated with the forthcoming implementation of Integrated Care Systems.
- increased complexity and demand as a consequence of Covid.
- capacity and resource issues in the workforce remained a high priority.
- forthcoming changes in the inspection regime meant that the service needed to prepare, including through a self-assessment on the quality assurance system which had already begun.
- legislative changes on liberty protections safeguards were expected next year.

Cllr Blake asked about the support needs of vulnerable sheltered housing residents, following a recent Panel visit to a sheltered housing scheme in Muswell Hill. Charlotte Pomery, AD for Commissioning, said that on the spectrum of needs, sheltered housing residents are more typically at the preventative end with early intervention required as needs become more acute. Sheltered housing offered opportunities for shared care and communal activities and while residents are not generally seen as being at the acute end of needs, the model allows for additional care and support where required to enable people to remain living in the same home.

Helena Kania asked about the service growth budget adjustments of £8.609m for 2022/23 set out on page 38 of the agenda pack and suggested that greater need was likely to be identified in future. Beverley Tarka said that, as set out in the report, this figure had been revised to almost £12m. This figure was for the whole Council, with £2.4m of this growth coming from Adults & Health. These figures would be re-examined on an annual basis as new data comes through, including on expected long-term pressures. Asked by Cllr Connor about the origin of this growth funding, Josephine Lyseight said that the outturn for 2021/22 had been more favourable than expected so some funds had been put into reserves which was now being used to support the growth funding for 2022/23.

Cllr Connor noted that, while growth funding was set out in Table 7.1 on page 39 of the agenda pack, the overall Adults & Health budget set out in Table 7.3 on page 41 was shown to have declined by over £1m from 2021/22 to 2022/23. Josephine Lyseight responded that this was because the budget encompasses various different elements including the existing budget, previously agreed savings and growth funding. Cllr Connor requested that further information be provided to the Panel to illustrate the different elements of the 2022/23 budget so that the changes to the base budget from 2021/22 are made clear. **(ACTION)**

Cllr Connor asked for further details about the financial deficit which she understood to have worsened between from Q1 of 2021/22 to Q2 of 2021/22. Sean Huang, Business Partner, responded that the Q1 deficit had been around £2.9m and that the Q2 deficit was £6.6m. He added that when reporting for Q1 it had still been unclear what the legacy impact of Covid would be but a clearer picture of the overspend had emerged by Q2 resulting in the increased projection of the deficit. Asked about the likely situation by Q4, Sean Huang said that this was uncertain but that, in addition to the usual winter pressures on the system, the rise in Covid rates may also result in additional pressure from increased discharge from hospital to free up beds. Short-term government funding may help to alleviate this but overall additional spend was difficult to predict at this point. Beverley Tarka added that the short-term government funding had to be spent by the end of the financial year which created challenges with costs associated with long-term needs that lasted beyond March 2022.

Revenue Growth

The Panel then looked at the descriptions of revenue growth items on page 67 of the agenda pack. Cllr Connor asked for more details on the 'Adult Social Care – Care Purchasing budgets' item which showed growth of £1.481m in 2022/23, then nothing for the following two years, then growth of £2.789m in 2025/26 and £2.821m in 2026/27. Sean Huang said that the blank years represented years where the growth had already been built into the budget from the previous MTFS. The growth had also been built into the budget for 2022/23 but the £1.481m displayed on the chart was in addition to that. There would still be time to address any additional demand requirements for future years in future iterations of the MTFS based on any new data that emerged.

Asked by Cllr Connor how the additional £582k for tackling Violence Against Women and Girls (VAWG) would be used, Will Maimaris, Director of Public Health, said that there was a complicated picture for VAWG funding with various different grant sources. The additional funds proposed was intended to enhance support for survivors of domestic abuse through Independent Domestic Violence Advocate (IDVA) services and also provision for investment in perpetrator programmes and to support work in the education sector. The current number of VAWG staffing positions, which were funded through various sources, was not expected to change.

MTFS Savings Tracker – 2021/22-2025/26

The Panel then looked at the MTFS Savings Tracker for 2021/22 to 2025/26 on page 71 of the agenda pack. Cllr Connor noted that this tracked previously agreed savings and included a target of £3.16m of savings for 2021/22. Cllr Bull expressed concerns about savings being made in mental health under item B2.8, given the impact of Covid on mental health throughout the population. Beverley Tarka responded that the savings were not cuts to services but improvements to mental health pathways and

outcomes. Additional funding had also recently obtained through the Great Mental Health Fund in recognition of the impact of Covid on residents. Cllr das Neves added that mental health was a high priority for the Council and a Great Mental Health Day would be held in January which would include sessions on how to support good mental health in local communities.

Cllr Connor asked about items on the savings tracker where the savings had not yet been achieved and what confidence officers had that these would be achieved by the end of the financial year. Beverley Tarka said that, using the example of the mental health item, £146k of the £490k target had been achieved so far but there had been a late start on developing these outputs due to Covid. However, once they had started, the savings were being achieved quickly so there was still a high level of confidence that they would be achieved by the end of the year. Improvements in outcomes for individuals through the enablement pathways would reduce the need for high-cost care later on. On item AS102 (Client Contributions) it had not been possible to carry out financial assessments at the pace required due to Covid restrictions but, since being up and running, there was some confidence that the savings could still be achieved. Overall, the savings proposals were sound but the challenges of Covid had impacted on the trajectory.

Cllr Connor asked whether it was becoming harder to make savings over time after several years of savings had already been made, Beverley Tarka said that over 80% of targeted savings had been made the previous year despite the challenges caused by Covid. She therefore felt that the strategy being pursued was the right one. Jeni Plummer, AD for Adults, added that there was a system for monitoring progress through the savings tracker and regular meetings with Heads of Service to review the situation and any resources available.

Asked by Cllr Peacock for further details of the three day centres referred to under item PA6 (Transfer of High Cost Day Opps), Charlotte Pomery said that this related to previously approved proposals around what is now known as the Chad Gordon Autism Campus in Waltheof Gardens at centres previously known as the Haven and the Roundway. It also related to the Woodside centre on White Hart Lane.

Asked by Cllr Bull for further details on item AS101 (Fast Track Financial Assessments), Charlotte Pomery said that this was a bundle of items designed to help the Council to be more efficient in terms of client contributions, such as by fast tracking financial assessments, and did not involve charging people who would not previously have been charged. Asked why these efficiencies hadn't been carried out earlier, she said that previously there had been a different model and that it had been with the benefit of things like the benefits system being digitised that it had been possible to generate a more efficient model of working. Cllr Connor asked for clarification on part of the description of the item in the report that read "*reviewing clients potentially eligible for charging that had not previously been assessed*", given

the previous comment that this would not involve charging additional people. Charlotte Pomery said that these were people who had come into need during the pandemic and had not made contributions for various reasons, including a backlog of assessments due to diversions of staff during Covid or a DHSC exemption from charging during that period.

Draft Capital Programme for 2022/23-2026/27

The Panel then looked at the draft Capital Programme for 2022/23 to 2026/27.

Asked for clarification on the Mosaic System (item 221), Jeni Plummer explained that this was Haringey's client information system which holds the information on clients including case files and care packages.

Cllr Connor noted that, according to Table 8.1 on page 45 of agenda pack, the capital expenditure plans totalled £818m across the period. She then referred to Table 8.8 on page and asked about the affordability of the figure of over £29m for financing costs in 2026/27. John O'Keefe, Head of Finance for Capital, Place & Regeneration, explained that the figure related to repayment of capital plus interest and the repayments were factored in as part of the base budget. He added that they were part of the investment choices made by the Cabinet which included large investments in school buildings, public realm and infrastructure. He said that capital costs relating to the Housing Revenue Account (which were separate from the figures referred to above) were ringfenced and that schemes could only go ahead with government grants and with the ability to repay interest charges factored in. Cllr Blake commented that a lot of the capital projects had been underway for some time and noted that many of them would be saving the Council money in the long-term.

The Panel then looked at the specific capital schemes. Cllr Bull asked about Scheme 201 (Aids, Adaptations & Assistive Technologies – Home Owners), including about what happens to properties where adaptations had been installed after the residents had passed away. Beverley Tarka said that aids and adaptations were often specific to the individual but that the points raised were valid. She said that working more collegiately on this issue had already been identified as a priority area, particularly with HfH being brought back in-house. She also said that it was important to adapt new builds at the point of design where possible and not retrospectively. Cllr Connor noted that, in the Panel's recent Q2 financial briefing, the aids and adaptations budget for 2021/22 was £3.5m but she understood that the budget for 2022/23 would be £2.1m and asked for an explanation on the decrease. John O'Keefe explained that the figure for 2021/22 included a carry forward from the previous year as the Covid pandemic had delayed a lot of aids and adaptations work from being carried out. The figure for 2022/23 represented an estimate of how much disabled facilities grant would be provided through the Better Care Fund.

Referring to Scheme 214 (Osborne Grove Nursing Home), Cllr Connor noted that over £34m was due to be spent in 2023/24, which was significantly more than any other year in the MTFs and asked if this was realistic. John O'Keefe said that the budgets for some of the larger projects such as this had been set some years ago and were reviewed on a regular basis so the cash flow could potentially be reviewed. He emphasised that this was a normal part of the process but acknowledged that it was unlikely that this amount of money would be spent in 2023/24.

In relation to Scheme 218 (Social Emotional & Mental Health Provision), Cllr Connor asked what proportion of the spend on this would be sourced from Haringey Council borrowing. John O'Keefe said that the borrowing represented around £300k out of the total £1.8m cost. It had been assumed that about another £500k would be borrowed but that this would be repaid through savings achieved as a consequence of the investment. The remaining £1m would be provided from external sources such as health partners. He added that each spending decision within Scheme 218 was subject to a business case.

Cllr Connor thanked officers for their attendance and the information provided. Officers then left the meetings at this point while the Panel Members remained to consider their recommendations.

Recommendations

Format of budget scrutiny reports

Cllr Connor proposed a recommendation on the format of the budget scrutiny meetings. She noted that the briefings in advance of the budget scrutiny meetings had included a lot of detail on Q2 of 2021/22 and on the performance indicators. She suggested that in future years, briefings on these matters should be received separately and that the pre-budget briefings should concentrate on the following year's draft budget and the updated MTFs. **(ACTION)**

Cllr Connor also noted that the reports in the agenda packs for each Panel's budget scrutiny meeting included information about all the other Panel's budget areas. She suggested that the main budget report provided to each Panel should be tailored to include the information relevant to the policy area of that Panel as this would make the information easier to review. While the Cabinet report on the budget (which covered all policy areas) could still be included as an appendix, the key information for each Panel should be included in a separate report in the agenda pack. **(ACTION)**

Cllr Blake said that he would like to see key points highlighted in future reports, particularly on the risk factors associated with the budget. Cllr Connor agreed with this point, commenting that risk factors on revenue were important to understand,

particularly in light of recent increased borrowing to support capital spending.

(ACTION)

General Fund

Cllr Connor expressed concerns about the significant future increase in interest repayment costs to the General Fund (shown to reach over £29m by 2026/27 according to Table 8.8 on page 52 of the agenda pack) caused by the projected rise in capital investment. The Panel requested that Cabinet provide an assessment of the risk associated with the increase in the proportion of financing costs to the net revenue stream over the MTFS period. **(ACTION)**

MTFS Savings Tracker – 2021/22 to 2025/26

Cllr Connor said that there were some concerns about whether the targeted savings for 2021/22 would be achieved by the end of the year and suggested that further analysis should be provided on this to demonstrate how this could be achieved.

(ACTION)

On the savings tracker, Cllr Bull expressed concerns about item AS101 (Fast Track Financial Assessments) as he felt that the savings expected in 2021/22 were too high and that they should be spread over a longer period rather than being “front-ended”. He suggested that a smaller saving in 2021/22 would allow for analysis of what the impact had been before implementing the rest of the savings as he felt that there had not been enough analysis presented on the impact and risk of what had been proposed. Cllr Connor suggested that an analysis of the impact of the savings on residents should be carried out to ensure that this is not causing financial difficulties for individuals and their families. **(ACTION)**

Draft Capital Programme – 2022/23 to 2026/27

Cllr Connor expressed concerns about Aids & Adaptations (Scheme 201) as she dealt with this issue regularly in local casework and many residents experienced significant problems. This service was funded externally from the Better Care Fund but appeared to be under-resourced. It was also noted that the amount of money available appeared to be the same each year in the MTFS with no increases to keep pace with inflation. The Panel recommended that the Cabinet give consideration about whether the funding in this area is sufficient to meet the needs of local residents and, if not, what steps could be taken to increase the resources available for this including from external sources such as the Better Care Fund. **(ACTION)**

Requests for further information

Cllr Connor reiterated an action point from earlier in the meeting for more information to be provided on the breakdown of the base budget for 2022/23, including previously agreed savings and growth funding, given that the overall total had reduced by over £1m from the previous year. **(ACTION)**

On the draft capital programme, Cllr Bull commented that the total costs for Osborne Grove Nursing Home (Scheme 214) of £44m seemed high. Cllr Blake suggested that it would be useful to receive a recap on the contributions from the health sector and an understanding of how and why the overall costs have increased. **(ACTION)**

RESOLVED – That the above recommendations be submitted to the Overview & Scrutiny Committee.

RESOLVED – That the above requests for further information be followed up with finance officers and that the be information provided to the meeting of the Overview & Scrutiny Committee on 20th January 2022.

42. WORK PROGRAMME UPDATE

The updated Work Programme was noted. A planned visit on December 13th to Lowry House to support the scrutiny review on sheltered housing had been cancelled following public health advice on Covid. It was hoped that this could be rescheduled but, due to the current Covid situation, this was unlikely to be possible until February at the earliest.

43. DATES OF FUTURE MEETINGS

- 3rd March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

Report for: Adults and Health Scrutiny Panel, 3rd March 2022

Title: Great Mental Health Programme Update

Report authorised by: Dr Will Maimaris, Interim Director of Public Health

Lead Officer: Dr Chantelle Fatania, Consultant in Public Health
Chantelle.fatania@haringey.gov.uk

Ward(s) affected: All

Report for Key / Non Key Decision: Non Key Decision

1. Describe the issue under consideration

- 1.1 Haringey's Great Mental Health Programme is an ambitious and innovative wellbeing programme. It is designed to reduce widening mental health inequalities by targeting at-risk and vulnerable groups and minority ethnic communities. It comprises of seven different programmes of activity including face-to-face and digital support for residents of all ages. Activities include parenting support, befriending groups, outreach work, community-based wellbeing and social activities and tailored support for vulnerable residents. Some of the activities are focussed in the central and east parts of Haringey where risk factors for poor mental health are greatest.
- 1.2 The overarching programme is being delivered by several local partner organisations. The funding for the one-year programme was secured from the Better Mental Health Fund. This is part of the government's Mental Health Recovery Action Plan 2021/22 and levelling up agenda. The funding provided sought to ensure the mental health impacts of COVID-19 were rapidly addressed, services were able to respond quickly and pressures on the NHS were reduced. Funding for the programme was received in June 2021 and Haringey launched its Great Mental Health Programme on 10th October 2021, to symbolically coincide with World Mental Health Day.
- 1.3 The programme supports residents with their mental health and wellbeing, enabling those who need additional support to access appropriate services in a timely manner with a focus on prevention and earlier intervention. The programme empowers individuals to achieve their version of great mental health recognising that residents are unique and different support is needed for individuals. For those individuals who wish to build new social connections or try activities, there are a number of opportunities to do this as part of this programme. Building on existing community assets, services and partnerships is core to the ongoing success of this programme.
- 1.4 This paper provides an update on key successes to date including the creation of a local Great Mental Health Day, which then became a London wide initiative.

1.5 On 28th January 2022, Haringey held its inaugural Great Mental Health Day. Key successes of the campaign include the following:

- More than 18 events were held across Haringey in the lead up to and on the 28th January 2022. A wide range of activities were available for people of all ages. These included face-to-face and online activities.
- Over 337 Haringey residents interacted with the physical and virtual Great Mental Health Day activities.
- Haringey councillors undertook Thrive London Mental Health training in lead up to campaign and the campaign was strongly supported by Haringey's Mayor and the Cabinet Member for Health, Social Care and Wellbeing.
- Good Thinking launched sleep resources and there was wider promotion of our digital package of wellbeing support, which includes Kooth and NHS Go.
- A successful communications campaign was developed. A YouTube video was produced where Haringey residents of different ages shared how they achieve good mental health.
- The campaign resulted in more residents accessing the Great Mental Health [Resource Hub](#) which offers information about how to access wellbeing and mental health services.
- There has been extremely positive feedback about the campaign from senior leads, organisers of activities and residents. It was described as being much needed, helpful, fun and timely. Many residents stated that it really was a great way to start the year and requested it to be held annually.
- The campaign visibly demonstrated to residents that Haringey Council and partners across Haringey are committed to supporting Haringey to be a mentally healthy borough.

1.6 Originating in Haringey, the initiative spread and became a London wide day supported by the Mayor of London, London councils, NHS and other London boroughs.

- The Great Mental Health Day saw organisations and individuals across Haringey come together to host a range of activities designed to boost mood and improve resilience, as well as providing an opportunity to connect with neighbours and friends. With exciting activities designed for a range of age groups, there was something for everyone to get involved in.
- Haringey's programme of activities were promoted locally through [Haringey's GMHD Webpages](#) and centrally through Thrive's [campaign page](#). Webpage views on Haringey's site doubled to 2,280 in the lead up to and immediately after the Great Mental Health Day, a trend which was replicated on Thrive LDN's site. GMHD proved the second highest ever single day of traffic to the Thrive LDN website where encouragingly, 82% of traffic was from new visitors to the website (9,833 views 21st December 2021 - 16th February 2022).

2. Background information

2.1 Mental Health in Haringey remains a priority due to projections of Common Mental Health disorders are forecast to increase by 10.5% over the next 14 years, not accounting for the impact of COVID-19 which has which disproportionately affected certain groups within our community.

2.2 This pandemic has brought health inequalities into sharp focus, particularly amongst the BAME community, and there is a call to create 'resilient, engaged and cohesive communities capable of withstanding and thriving despite the upcoming challenges.

2.3 Haringey's Health and Wellbeing Strategy focuses on improving the mental health and wellbeing of our residents. Over recent years, there has been a greater emphasis on improving services, tackling stigma and discrimination, and a focus on prevention to improve the overall mental health state of the people living in the borough. We now need to scale up our ambition and work together to transform mental health and wellbeing services locally.

2.4 The Great Mental Health Programme is a cross-partnership response, which seeks to address the causes of poor mental health, promote positive mental health and resilience, tackle stigma and discrimination, offer early help and engage fully with those affected by mental ill-health, their families and communities. It builds on and complements existing wellbeing initiatives.

2.5 This ambitious and innovative programme consists of 7 mental health prevention and promotion programmes of work, co-designed and led by local voluntary and community organisations, empowering residents to achieve their version of good mental health and wellbeing. Face-to-face, telephone and digital support tackles key issues such as bereavement, social isolation and domestic violence. The 12-month project prioritises specific populations in Haringey, focusing largely on the east of the borough where local data indicates mental health needs, deprivation and Black, Asian and Minority Ethnic (BAME) populations are greatest. The 7 programmes are detailed below.

2.6 Community Protect is the largest programme in this suite, run by grassroots organisations to encourage local communities to interact with mental health messages. 7 priority groups are being supported via community events such as coffee mornings and dance classes, and by dissemination of information by local ambassadors and targeted leaflet drops. Translations of materials into community languages promote Haringey's existing mental health services accessibly. The digital inclusion workstream also offers access to digital self-help support such as Kooth, NHS Go and Good Thinking.

The 7 priority groups for targeted work are:

- BAME
- Residents whose first language is not English
- Homeless people and rough sleepers
- Low-income households
- People with autism and learning disabilities
- Older people
- Young people who are NEET

- 2.7 [Mind in Haringey](#) similarly, offers one of the most multifaceted offers of support. Inside this programme, there are 6 projects each which ultimately aim to support the bereaved residents of Haringey. Mind's bereavement programme is a stepped service of support, increasing levels of support are available from Peer Bereavement Support Groups to Grief Workshops and MHFA Training, 1-2-1 telephone support and 10 weeks of free counselling.
- 2.8 [Connected Communities](#) have recruited 5 new community navigators who will provide support in Northumberland Park. They will work with individuals to help them achieve their goals and support individuals to take greater control of their own health. The community navigators act as a link worker using local knowledge and resource directories to match residents with activities and local organisations. An accessible and sustainable Befriending Network is also being established to support socially isolated residents, building connections around common interests such as gardening and reading.
- 2.9 Digital mental health organisation, [Good Thinking](#), has co-created culturally appropriate mental health resources with local faith leaders and Haringey residents. A suite of mental health resources are being developed, translated and evaluated. All London residents will then be able to access the materials and resources via Local Authority websites and through various channels including download and print.
- 2.10 A targeted communications campaign designed to increase reach and equity of local mental health services and resources is the fifth project inside the GMH programme. Mental Health messages are displayed as a digital advert on websites and social media channels. Residents' click through to the relevant page on the Haringey [Resource Hub](#) signposting to existing, local mental health services, resources and further support.
- 2.11 [Nia](#) is Haringey's Domestic Violence provider and through the GMH programme offers a service available to women experiencing mental ill health and 'at risk' of domestic abuse. The caseworker delivers interventions to identify and support victim/survivors offering information and advocacy on a range of issues such as housing, welfare, benefits, legal rights and child protection. Co-produced training is also available for health professionals to increase understanding of domestic violence, equipping attendees with tools to support disclosures of abuse.
- 2.12 The final project in Haringey's Great Mental Health Programme is [ABC Parents](#). ABC parents provides psycho-educational training to equip parents with techniques, tips and confidence in an attempt to reduce A&E attendances in children under 5 years of age. Lifesaving skills, recognition of childhood illnesses, injury prevention and first aid are offered to parents from the borough.

Community ambassadors work to engage key groups in this project such as single parents, father groups, breastfeeding mothers and parents who speak limited English.

2.13 Qualitative and quantitative data from each of these projects are collected, evaluated and submitted to OHID. Haringey Council has also partnered with the National Institute of Health Research (NIHR) who will be assisting with the evaluation, an opportunity that has not been afforded to all OHID grant recipients. This is particularly exciting given NIHR's prominent academic standing.

2.14 A limitation of this programme is that whilst it focusses on maintaining mental wellbeing, prevention and early intervention, it cannot adequately meet the needs of those residents with more serious mental health issues. In addition, some of the wellbeing activities are focussed in the east or central parts of Haringey where needs are greatest. Some of the initiatives would benefit more residents if they could be rolled out in other parts of the Borough.

3. Recommendations

3.1 That the Adults and Health Scrutiny Panel notes progress on the Great Mental Health Programme and the ongoing multiagency working led by Public Health in Haringey.

3.2 That the Panel notes that this is an externally funded programme for only 1 year and a number of the programme activities will cease in August 2022. We are looking at ways to ensure sustainability and legacy of the programme

3.3 That the panel considers how we can sustain and build on the work of the Great Mental Health Programme to embed prevention, early intervention and wellbeing initiatives.

4. Reasons for decision

4.1 N/A

5 Contribution to strategic outcomes

The Borough Plan 2019-2023, NHS Long Term Plan, Haringey's Community Strategy and the Better Care Fund.

6 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

6.1 Finance and Procurement

This is an update report for noting and as such there are no direct financial implications associated with this report.

6.2 Legal

This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

6.3 Equality

The Great Mental Health Programme uses a multi stranded, multi-sectorial approach and will allow inequalities and isolation issues related to protected characteristics to be addressed. The implementation of the programme will have a prevention-based approach to proactively identify high risk and hard-to-reach communities, in particular older people, those living with disabilities and people from BAME communities. A range of activities are occurring across the borough and in areas with high deprivation, health inequality and poor life expectancy.

7 Use of Appendices

N/A

8 Local Government (Access to Information) Act 1985

N/A

Great Mental Health Programme

Dr Chantelle Fatania
Consultant in Public Health
Haringey Council

Adults and Health Scrutiny Panel
3rd March 2022



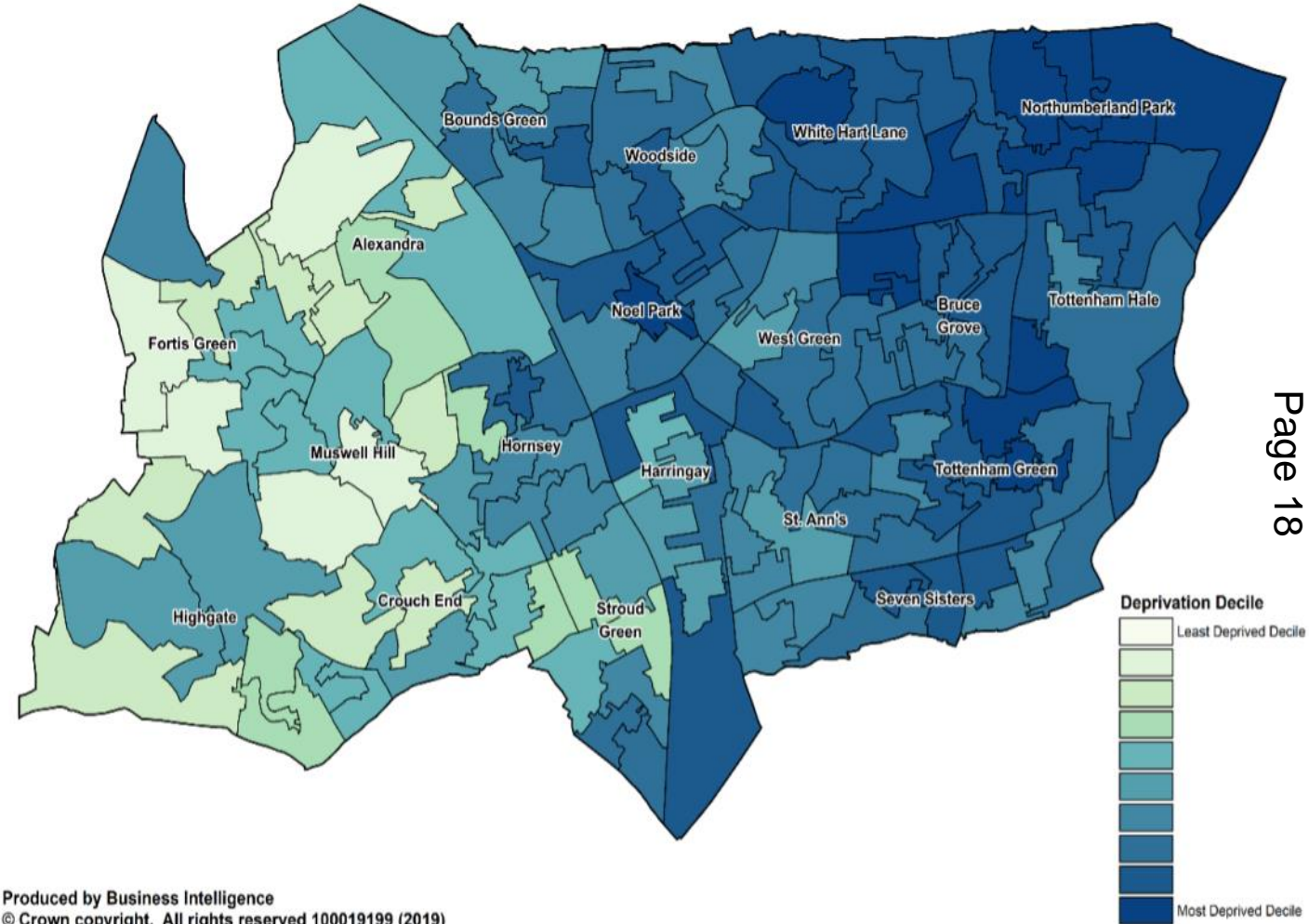
Haringey
LONDON

Haringey Council has been awarded money from the Office for Health Improvement and Disparities (formerly Public Health England).

Prevention and Promotion Fund for Better Mental Health 2021-22

- £15 million
- 40 Local Authorities Funded
- 250 Projects Funded

This fund is part of the government's Mental Health Recovery Action Plan 2021/22 which seeks to ensure the mental health **impacts of COVID-19** are rapidly addressed, services can respond quickly and **pressures** on the NHS are **reduced**. It is also part of the government's **levelling up agenda** which seeks to restore the economy, level up the country and build back better.



The Central and East of Haringey exhibit high concentrations of risk factors for poor mental health such as deprivation, shown above.

What is the Great Mental Health Programme?

The Great Mental Health Programme is a suite of projects designed to ensure residents of Haringey are supported in achieving whatever great mental health means to them, recognising this is different for different people.

It consists of 7 prevention and promotion interventions designed to mitigate mental health impacts arising from the COVID-19 pandemic, reduce widening mental health inequalities by targeting at-risk and vulnerable groups and ensure adequate distribution of funding to support minority ethnic communities.

All projects will take place within the London borough of Haringey. Although not limited to, initiatives will have a large focus on resident engagement in the east of borough where local data indicates deprivation, mental ill health and Black, Asian and Minority Ethnic populations are highest.

The programme of projects runs a duration of 12 months, ceasing October 2022.



Ambitious, innovative and collaborative wellbeing initiative

7 prevention and promotion programmes delivered by different organisations.

Face to face and digital support available

Builds on and complements existing services and programmes

1 year programme launched on World Mental Health Day 2021 (10th October)



Priority groups for engagement

- BAME
- Residents whose first language is not English
- Homeless people and rough sleepers
- Low-income households
- People with autism and learning disabilities
- Older people
- Young people who are NEET

A case worker will deliver interventions to identify and support victims of Domestic Violence, write safety plans and offer information and advocacy on issues such as housing, welfare, benefits, legal rights and child protection.



ABC Parents will work with a range of groups:

- single parents
- father groups
- breastfeeding mothers
- parents who speak limited English

ABC Parents

- A** Achieving a
- B** Better
- C** Community



Community Navigators will work with residents in [Northumberland Park](#) to improve their mental health and wellbeing, directing residents to support.

A [befriending network](#) will support residents who feel socially isolated, building connections around common interests such as gardening and reading.

A targeted [communications campaign](#) designed to increase reach and equity of local mental health services and resources.



Great Mental Health programme comprises of a diverse range of activities, initiatives and resources to support Haringey residents of all ages to maintain good mental health and wellbeing. It empowers residents to achieve their personal vision of Great Mental Health and support others within the community.

The provision of MH support across the life course and through a mix of digital and face-to-face interventions can aid many of the 260,000 Haringey residents. Using the THRIVE Model, interventions can be organised according to the level of support offered.



- Getting Advice:**
- Great Mental Health [webpage](#) and [Resource Hub](#)
 - ABC, Mind in Haringey and Community Protect Champions
 - Digital signposting
 - Parent and Bereavement Networks

- Thriving:**
- Dance Workshops for carers
 - Coffee Mornings
 - Befriending Groups

- Getting Help:**
- Father groups
 - Community Navigators
 - Culturally Competent resource production and translation
 - Bereavement Telephone support line
 - Bereavement support Groups

- Getting More Help:**
- Mental health support for victims of domestic abuse
 - 1:1 Bereavement counselling

This is in addition to the statutory and digital support previously offered to Haringey residents.

Great Mental Health Day was conceived by the London borough of Haringey but now has support spanning the whole of London.

Organised by London's councils, health and community organisations, and supported by the Mayor of London and the NHS in London

The event aimed to:

- Raise **awareness** of the mental health services, community organisations and activities available both locally and regionally across London
- Challenge **stigma** often associated with mental health and asking for help
- Encourage frank and **open conversations** about mental health and wellbeing
- **Sign-post** Londoners to the most appropriate form of advice and help to meet their needs.
- Encourage people to set up activities on the day to support wellbeing or attend planned activities

Friday 28th
January
2022

Organisations and individuals across London came together to host a range of **activities** that were designed to boost mood and improve **resilience**, as well as provide an opportunity to **connect** with neighbours and friends.

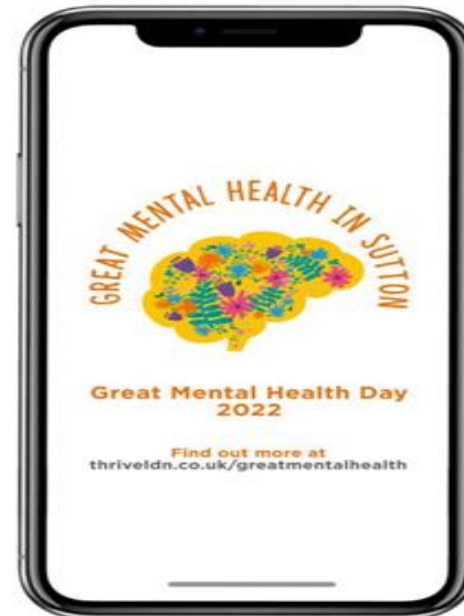
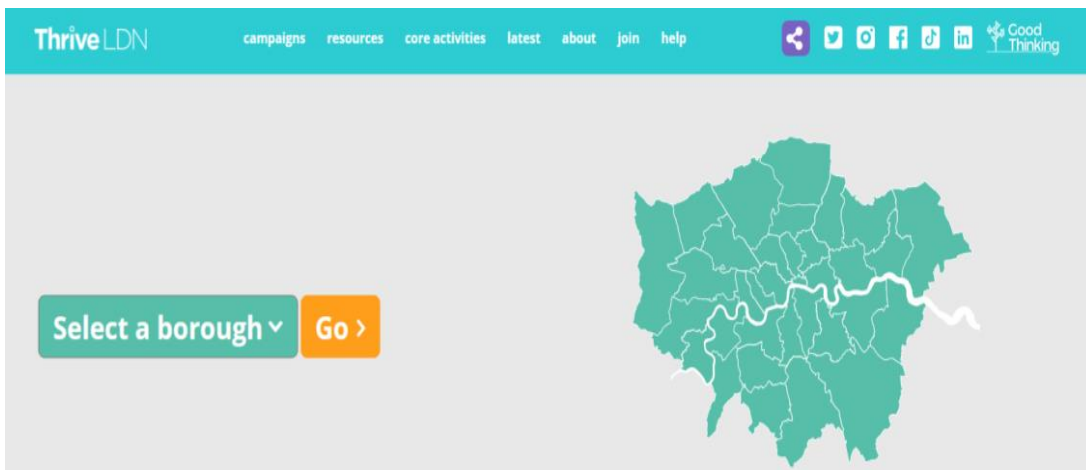
Londoners were asked to get involved using the hashtag **#GreatMentalHealth** to share their own tips, advice and experience across all social media platforms.





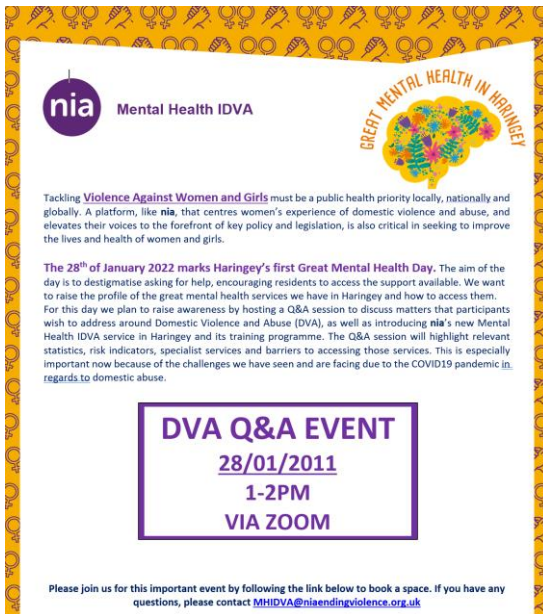
Campaign launched by Mayor of London. Communications [toolkit](#), contains ideas on how you can support campaign including:

- **Promote** the day through your channels, signposting to the web address: www.thriveLDN.co.uk/greatmentalhealth
- **Share** the campaign **launch video** or ask those in your network to **record a message**
- Share information about the day on your **social channels**. There are some [messages](#) you may wish to copy and paste. Download GMHD videos and campaign graphics from [Thrive LDN's Google Drive](#).
- Share **information about the day** on your **website**, in an **e-newsletter** or other **bulletins**,



Our GMH webpage hosts information about activities undertaken

<https://www.haringey.gov.uk/social-care-and-health/health/public-health/mental-health-and-wellbeing/great-mental-health-haringey/great-mental-health-day>



nia Mental Health IDVA

GREAT MENTAL HEALTH IN HARINGEY

Tackling **Violence Against Women and Girls** must be a public health priority locally, nationally and globally. A platform, like **nia**, that centres women's experience of domestic violence and abuse, and elevates their voices to the forefront of key policy and legislation, is also critical in seeking to improve the lives and health of women and girls.

The 28th of January 2022 marks Haringey's first Great Mental Health Day. The aim of the day is to destigmatise asking for help, encouraging residents to access the support available. We want to raise the profile of the great mental health services we have in Haringey and how to access them. For this day we plan to raise awareness by hosting a Q&A session to discuss matters that participants wish to address around Domestic Violence and Abuse (DVA), as well as introducing **nia**'s new Mental Health IDVA service in Haringey and its training programme. The Q&A session will highlight relevant statistics, risk indicators, specialist services and barriers to accessing those services. This is especially important now because of the challenges we have seen and are facing due to the COVID19 pandemic in regards to domestic abuse.

DVA Q&A EVENT
28/01/2022
1-2PM
VIA ZOOM

Please join us for this important event by following the link below to book a space. If you have any questions, please contact MHIDVA@niaendingviolence.org.uk



Walking Group
11.30am-12.30pm

Yoga for mindfulness
1pm - 2pm

GREAT MENTAL HEALTH DAY
28TH JANUARY
11.30PM - 3.30PM
AT
MIND IN HARINGEY

Drama Workshop
2pm-3pm

Tea, Coffee & healthy snacks available

Mind in Haringey



North Mid
in the community

NHS
North Middlesex
University Hospital
NHS Trust

Great mental health day
Friday 28 January

Free event

Afro beats
Soca-aerobics
Men's boxing
Creative arts
Massage
Mindfulness
Crafts
Mummy's Market
Bake sale
Dad's group
Food and much more...

Tottenham Community Centre
701-703 High Road
London
N17 8AD
10am-3pm

Book on eventbrite by scanning the code

or call 07487 794 595



SEWN TOGETHER
Empowering **Creative Communities**

Great Mental Health Day
Friday 28 January 2022

On 28 January 2022, we are joining Haringey residents in celebrating London's Great Mental Health Day.

Pampering & Enrichment Activities

Drop in and enjoy live health & wellness discussions, creative workshops and beauty treatments.

GREAT MENTAL HEALTH IN HARINGEY

Haringey Councillors undertook training on how to support the wellbeing of their constituents and their own.



Latin American Women's Group Connected Communities

- Spoke about negative stigma's present in Latin community surrounding the phrase 'mental health'.
- Made connections and received support.
- Shared how they achieved good wellbeing.
- Signposted to support services available in Haringey.
- Provisions in Spanish and Portuguese for attendees.
- WhatsApp group and translator for real time, future support.





The Great Mental Health In Haringey Programme has been **co-produced** with **partners** and **service users** to facilitate effective delivery, shaped to reflect the mental health needs of our residents. Some of the ways this has been done are outlined below:

Good Thinking are co-producing **culturally competent materials**, specific to Haringey. Local community-led, peer **evaluation** will upskill members of the local faith community to undertake qualitative research.

Nia has developed **training** in partnership with Barnet, Enfield and Haringey (BEH) Mental Health Trust for allied health professionals, asking which areas they wish to acquire further skills in. The training hopes to raise awareness of the impact of domestic violence, giving confidence to mental health staff when interacting with suspected or actual disclosures of domestic abuse.

Mind in Haringey hosts a quarterly **steering group** for delivery partners and interested stakeholders. This **platform for listening** is used to gain knowledge of how individual community groups experience bereavement, utilise and access services as well as a sound boarding and peer-to peer support for Champions.

NIHR | National Institute for Health Research

Due to its short delivery timescale, sustainable features have been built in to continue the legacy of this project. This includes building on existing projects who have the infrastructure to develop sustainable support groups and networks that will surpass the funding.

The culturally competent resources produced by the Good Thinking Project can continue to be accessed, for free, by all London residents.

Haringey Council has also committed to signing up to OHID's Prevention Concordat, a national, multiagency collaboration that recognises the merit in taking a prevention-focused approach to mental health. This will ensure sustainability in mental health investment beyond the Prevention and Promotion funding.

The programme of projects runs only until October 2022 meaning there is a short amount of time to demonstrate project **effectiveness** in reaching residents who need support.

We will do this by collecting **qualitative and quantitative** data which will be fed back to Office for Health Improvement and Disparities (OHID), formerly Public Health England.

We have also partnered with the **National Institute of Health Research (NIHR)** who will be **assisting with the evaluation**, an opportunity that has not been afforded to all OHID grant recipients. This is particularly exciting given their prominent academic standing.



Prevention Concordat

Haringey Council has also committed to signing up to the Prevention Concordat, a national, multiagency collaboration that recognises the merit in taking a prevention-focused approach to mental health. This will ensure sustainability in mental health investment beyond the Prevention and Promotion funding.



Councillor Training

All Councillors were invited to attend Thrive LDN's 2 hour Councillor Mental Health Training. This was undertaken in January 2022, the training will benefit ward constituents elevating mental health on political agenda's.



Living Through Lockdown

Lessons from Haringey's
most vulnerable service users

August 2020

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Public Voice is a Community Interest Company (CIC) number: 9019501.

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Introduction

This report is a summary of issues and concerns experienced by adult social care service users and carers during the lockdown in Haringey. Suggestions for service improvements are also presented. All points included were raised by the Haringey Joint Partnership Board and its reference groups, between April and August 2020.

During the Covid-19 lockdown, Haringey's pre-existing service user groups (termed reference groups) continued their work, where possible, through a variety of channels including Zoom, phone calls and email exchanges. They shared their experiences of health and social care services in Haringey during this difficult time; raising issues and challenges and making suggestions for improvements.

Feedback from the reference groups is invaluable in terms of hearing directly from Haringey residents about their experiences of health and social care. All feedback has been summarised in this report so local and national decision-makers can use it to inform their Covid-19 strategy and planning going forwards, particularly in terms of making plans for Autumn/Winter 2020.

The report is divided into sections by the themes reported across all the reference groups. It sets out what has worked well, issues and challenges, and suggestions for improvements.

The following reference groups have contributed to this report:

- Autism
- Carers
- Dementia
- Learning Disability
- Mental Health
- Older People
- Physical Disability
- SCALD (Severe and Complex Autism and Learning Disability)
- Transitions

All information within this report was gathered between April and August 2020 through meetings held online and individual feedback over the phone and by email.

The Joint Partnership Board

The Joint Partnership Board was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way NHS services and social care are provided for them. Public Voice, which runs and manages Healthwatch Haringey, was commissioned by Haringey Council to establish and support the running of the Joint Partnership Board and its reference groups.

The Joint Partnership Board consists of nine independent reference groups formed of NHS and social care service users and carers from the wide range of services in Haringey. The reference groups represent the interests of specific user groups, to ensure their voices are heard and their particular needs and aspirations are taken into account. Each reference group covers a specific thematic area: Autism, Learning Disability, Older People, Severe and Complex Autism and Learning Disability, Mental Health, Physical Disability, Dementia, Transitions and Carers. The groups are made up of adult members and focus on the issues of adult social care and public health. The transitions reference group focusses on the process of older children moving from being supported by children's services to adult services.

The Joint Partnership Board is committed to effective partnership working, with an emphasis on empowering service users, carers and other residents as equal partners in meaningfully contributing to, developing and achieving strategic priorities.

Public Voice

Public Voice is a Community Interest Company which, amongst other projects, delivers Healthwatch Haringey and supports the Joint Partnership Board. The mission of Public Voice is to improve neighbourhoods, the lives of the people who live in them, and the public services they use. This is achieved through community engagement, individual user engagement and community intervention, collecting the combined voices of citizens, gathering evidence and ultimately taking action to bring about positive change, now and in the future.

As the lockdown carries on and evolves, Public Voice will continue to support the Joint Partnership Board and its reference groups, cataloging concerns and gathering additional feedback and suggestions for service improvements. We will share this report with our wide range of stakeholders and partners including Healthwatch England.

Executive Summary

The Covid-19 pandemic, and the unprecedented national lockdown, was an enormous challenge for health and social care providers as well as service users in Haringey.

Although many concerns were raised and the pandemic created a great deal of anxiety for Haringey's reference groups, some changes and action taken in response were seen as highly positive.

Some concerns and positive occurrences were expressed across all reference groups.

What has worked well

- **Community spirit and volunteers.** Both were highly praised by reference group members.
- **Connected Communities.** A programme established in 2018 by Haringey Council to improve access to council and voluntary services. During the lockdown, Connected Communities helped residents access essential items including food and other support they needed.
- **Mutual aid groups.** Formed during lockdown at the neighbourhood level and building strong links with statutory and Voluntary and Community Sector services and vice versa. These groups provided a wide range of support for others in their community - for example checking on neighbours and shopping on behalf of others. The mutual aid groups were praised and appreciated.
- **Telephone support.** Reference group members appreciated having someone to speak to on the phone when calling Haringey Council. Phone calls made from the Council, Clinical Commissioning Group (CCG) and other organisations to check on carers were well received. A telephone befriending service set up by Public Voice's Reach

and Connect service, was also seen as an important and successful method of tackling isolation.

Concerns and points raised

- **Information and communication.** Information about Covid-19 risks and service availability should be better communicated to residents, especially considering language barriers and disabilities.
- **Digital inclusion.** Digital exclusion is commonplace amongst vulnerable groups and therefore digital access (internet and email) cannot be relied on either as a means of communication or of accessing help and support.
- **Digital enablement.** A common concern was that there was not enough support for service users to access digital services where there was a will to do so with support.
- **Virtual services.** Over the phone and online appointments should not replace face-to-face appointments as it does not work for everyone. However, a combination of both could work. Language barriers and disabilities should also be taken into consideration.
- **Provision for people with disabilities.** New and evolving provision should consider the needs and requirements of all service users.
- **Sustainability, community, volunteers and mutual aid groups.** There are fears that the capacity of the Voluntary and Community Sector and mutual aid groups which has supplemented the statutory services during the lockdown may be short-lived when normality returns. Without serious work to retain this capacity, it is feared that big gaps will emerge in essential support for vulnerable people.
- **Undetected vulnerable people.** It was felt that many vulnerable people would be unknown to the Council and NHS, or may have been waiting for diagnosis at the start of lockdown. These people may not have received support they needed.

Proposals and suggestions

1. **Communicate more, faster and better.** Across all reference groups it was felt that changes to services, actions taken, and future planning should be better communicated by the Council and NHS.
2. **Provide digital and face-to-face access to services.** As the lockdown is eased, it is felt that face-to-face access to services should be resumed but not at the expense of digital service provision introduced during the lockdown.

It was repeatedly commented on that, where possible and appropriate, digital service access should be offered alongside traditional face-to-face provision.

3. Greater coordination and consistency.

In various ways the reference groups felt that services, communication, information and advice should be centralised between the NHS and Haringey Council to facilitate clearer and more tailored communication, guidance and service provision.

4. Digital enablement. It is strongly felt that more work should be done to enable those currently unable to access services digitally.

5. Default financial assistance. It was felt that where steps are taken to lessen a financial burden (e.g. possible suspension of council tax collection), these should be done automatically rather than expecting an individual to apply, which may be very difficult for a vulnerable person in a state of raised anxiety, depression or ill-health due to the lockdown and pandemic.

Care Assessments and Annual Reviews

Care Assessments

ensure appropriate support is provided to service users and Carers.

Annual reviews are an opportunity to discuss what is working, what isn't working and what might need to change within a service user or carer support plan.

Assessments form a vital part of care provision.

What has worked well

- **Remote annual reviews.** Some annual reviews had been conducted over the phone or via video call and some of those who had experienced this were happy with the process.
- **Remote appointments.** Over the phone and online video calls were seen as a positive outcome by some, particularly those with physical disabilities and parents of young people with learning disabilities and/or autism. They found these forms of virtual assessments removed the stress and anxiety involved in traveling to different venues for assessments. Service users reported feeling more relaxed in the comfort of their own home.

Concerns and points raised

- **Assessments and annual reviews.** At the beginning of the lockdown service users and carers wondered if annual reviews and care assessments would continue and, if so, in what format they would be carried out. Concerns existed that delayed care assessments would create problems including a lack of care, backlog of cases and further delays.
- **Care Act easements.** The Coronavirus Act 2020 was met with considerable concern. As the new Act allows Local Authority's to disregard the Care Act without incurring any penalty and as such the new Act was seen as a backwards step.

In particular, it was felt that it would result in the timescale for assessments being extended and support plans already in place not being met.

- **Transitioning uncertainty.** As many health professionals involved were drafted into the frontline fight against Covid-19. Parents of those moving from children's services to adult services care were worried and did not know whether the move to adult service care had stopped or been paused.

Proposals and suggestions

1. **Process and time information.** Clear Information about ongoing processes, including timings, should be available to those involved in the assessment and review process where there is any disruption. This must be available in an easy read format.
2. **Non-digital routes to care and assessment.** Provision has to be made for those who do not have access to the internet. No assumptions should be made about access to the internet by vulnerable groups, and face-to-face options must continue to be available where required.
3. **Appointment format choice.** Moving forward, it would be good to continue offering over the phone and online appointments, in addition to face-to-face appointments, even when life returns to normal.
4. **Support for use of technology.** Support workers need to help individuals access and use digital technology confidently.
5. **Universal contact.** Haringey Council should ensure they contact all those with learning difficulties living dependently.
6. **Communicating changes.** Any future or ongoing easement of the Care Act to be fully explained to the wider community.
7. **Share the backlog plan.** Where Covid-19 has caused a shortfall in assessment and review targets, the Council should communicate its plan to address the shortfall, and any backlog, with both the Joint Partnership Board and individual service users.

Carers and Caring

Carers play a vital role in supporting vulnerable service users. They are often family members, working unpaid around the clock to provide care for loved ones. During lockdown, carers have been under an enormous amount of physical and emotional stress as many day centres and supported living accommodation venues were closed, this led to an increase in the amount of care they were required to provide.

What has worked well

- **Digital peer support.** Some carers become familiar with meeting online and using WhatsApp groups to support each other.
- **Calls to carers.** Calls made from the Council and other organisations to carers were much appreciated.
- **Letters to carers.** Letters sent to carers from the Council at the start of the pandemic were also well received.
- **Closer family contact.** People with dementia have benefited from closer family contact.
- **Quieter environments.** For some, the lockdown created a quieter environment, greater routine and reduced levels of anxiety. For those with dementia in particular, this led to some reports of people sleeping better.
- **Mutual aid groups.** Many carers appreciated the extra voluntary support provided by community members.

Concerns and points raised

- **Carers' ages.** Many carers in Haringey are over the age of 60 and many are also classed by the government as vulnerable to Covid-19. Many of the people they care for are likely to be part of the shielded group.
- **Carer's database.** It is understood that the Council's carers database is not up to date. Additionally, there is an issue with unidentified carers in Haringey.
- **Personal Protective Equipment (PPE).** Carers did not always have access to Personal Protective Equipment.
- **IT support.** Many carers are digitally excluded, and were therefore not able to obtain the information and support they needed promptly during the crisis.
- **Respite care.** With day centres closed during lockdown, many carers had 24/7 responsibilities with no access to relief or respite. This placed them at risk of "burnout" and those being cared for at greater risk from a safeguarding perspective.
- **Do not resuscitate orders.** Reports of automatic "do not resuscitate" orders for people with a Learning Difficulty being imposed, caused alarm and concern amongst carers and service users.
- **Unpaid carers.** Unpaid carers are not officially recognised and therefore not eligible for priority entry to supermarkets. At times of scarcity in shops this created difficulty in obtaining basic items for some carers.
- **Transport.** Carers' transport was also highlighted as an issue, as public transport was restricted and seen as a risk to use.
- **Community support for all.** Although mutual aid groups and neighbours were extremely helpful, concern was raised regarding some vulnerable groups, such as those with autism, who may be semi-invisible to their neighbours, or have unwittingly distanced themselves due to a lack of understanding of their communication styles. Neighbours may be less willing to help people they have considered to be "rude" or socially distant.
- **Lack of voluntary sector support for autistic people.** Concerns were raised that there is a lack of voluntary sector support for those with autism, which is a particular problem as many universal services are often inaccessible or inappropriate for those with autism.

Proposals and suggestions

1. **Identity cards for carers.** Unpaid carers to have identity cards. Carers could use these to get priority entry to supermarkets. Alternatively, unpaid carers could be given headed letters to facilitate priority access.
2. **Supply of essentials.** Haringey Council could seek/obtain certain key essentials for carers, such as tissues, eggs, bread, milk etc. and organise delivery to homes.
3. **Transport for carers.** Carers transport pick-ups could be organised.
4. **Continued online appointments.** Online appointments to continue being offered even after things go back to normal. Face-to-face appointments and examinations should still be available for those that require them.
5. **Regular updates.** Weekly 'check-ins' should be carried out by the Council or Clinical Commissioning Group (CCG) to check how carers are doing.
6. **Pharmacy support.** The Council/Clinical Commissioning Group (CCG) should ensure that at least one local pharmacy in the west of the borough and another in the east are stocked with the most common medications for people with special needs.
7. **Continuation of essential services.** Ensure services such as rubbish and clinical waste collection continue during an emergency such as Covid-19.
8. **Day centres and home care facilities.** The Joint Partnership Board should assess which day centres and day-care activities remained open during lockdown and why those that closed did so.
9. **Support for vulnerable and older carers.** Both Haringey Council and the NHS should reflect on the challenges faced by the many carers who are themselves over 60. Following this, the Council should communicate how the age of carers of those with learning difficulties or autism figure in the Council's Covid-19 policies (and in adult services policies generally).
10. **Consider unknown vulnerable people.** Haringey Council and the NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.
11. **Future planning.** With a view to planning for a future emergency, data should be provided to detail:
 - a. How many carers have had Covid-19 and the support they received.
 - b. How many adults with learning difficulties and/or autism have had Covid-19 and the support they received.
 - c. How many families where both the carer and cared for had Covid-19 and the support they received.
 - d. The experience of families affected by Covid-19.

- 12. Do not resuscitate order legal assessments.** The Council should access records of vulnerable individuals to ensure blanket “Do Not Resuscitate” orders have not been put in place within the borough, and legal action should be taken if they have been put in place.
- 13. Refer inappropriate use of do not resuscitate orders.** The inappropriate use of do not resuscitate orders should be seen as a safeguarding concern to be referred to the Safeguarding Adults Board.
- 14. Apps:** Apps could be used for people with autism.

Mental Health and Wellbeing

Mental health and wellbeing are extremely important to a person's quality of life. People's experience of the lockdown has contributed to increased anxiety, worry and a feeling of isolation.

What has worked well

- **Gardening.** Residents with gardens, especially those shielding, considered themselves lucky as it helped them cope with lockdown.
- **Remote access to services.** Existing service users reported being able to access mental health services over the phone and online which was seen as positive.
- **Community spirit.** Increased community spirit was reported as contributing to improved mental health.
- **Social media.** Use of social media platforms for support was reported.

Concerns and points raised

- **Isolation.** Feelings of loneliness and isolation contributed to mental and physical health problems. In particular it was felt that the impact of social isolation would hasten the mental decline of those with dementia.
- **Digital inclusion.** Access to the internet and technology are not available to all.
- **Substance misuse.** Alcohol and drug abuse rose during the lockdown.

- **Bereavement.** Losing loved ones and not being able to attend funerals.
- **Carers.** Mental and physical health impact caused by additional caring responsibilities and concerns.
- **Shielding.** Those shielding found it very difficult to not go outside and have human contact. This created additional pressures to their mental health.
- **Post-Traumatic Stress Disorder (PTSD).** After the lockdown is over, it was felt there might be a rise in post-traumatic stress disorder (PTSD).
- **Young People.** The impact of lockdown on young people's mental health, especially from vulnerable households, might have long-term effects.
- **Self-care.** As many autistic people may have been in a state of high anxiety due to lockdown, concern was reported that executive functioning was likely to have been adversely affected and the ability for self-care may have been negatively impacted.
- **Increased risk of self-harm.** Concerns were raised that self-harm may have increased during lockdown. In particular some vulnerable groups, such as those with autism, are already at high risk of suicide and self-harm. It was felt that accessing appropriate care, which is already difficult, would have become even harder in lockdown.

Proposals and suggestions

1. **Provision for bereavement counselling.** Bereavement counselling should be made available.
2. **Bereavement counselling specific to those with learning difficulties.** Bereavement counselling should be made available to people with a learning disability.
3. **Public events.** When possible, a public event should be held to acknowledge the suppressed grief felt by many.
4. **Resources to target alcohol and drug abuse.** Additional resources should be put in place to tackle increased alcohol and drug abuse.
5. **Additional respite support.** Respite arrangements for vulnerable carers should be increased.
6. **Inter-service referrals.** Mental health services should be able to refer people to other services for extra support; Haringey Reach and Connect, for example.
7. **Make future plans available.** The local Mental Health Trust should provide information on their plans to address post-coronavirus mental health issues.
8. **Default financial assistance.** It was felt that as vulnerable people would be highly likely to be experiencing enhanced anxiety, depression or ill-health, any assistance to lessen financial burdens (e.g. possible suspension of council tax) should be done automatically rather than individuals being expected to apply for relief - which they may not be able to do.

Housing and Sheltered Accommodation

Appropriate, safe, housing and accommodation is of vital importance to all service users. Issues in this area were felt very keenly.

Concerns and points raised

- **Monitoring of cleaning and Personal Protective Equipment (PPE).** Members expressed concerns regarding the cleaning of communal areas, availability of Personal Protective Equipment and wondered about the monitoring procedures to ensure that those living in sheltered accommodation were being looked after. There were also questions about how external housing providers were being monitored.
- **Visiting.** Some members were concerned they could not visit their relatives living in sheltered schemes.
- **Hostels.** Concern was raised about whether people living in hostels are able to self-isolate or not.
- **Evictions.** Housing eviction of vulnerable people was mentioned as a point of concern which could become a serious question after the ban on public notice evictions is lifted.

Proposals and suggestions

1. **Provision of Personal Protective Equipment (PPE)** should be made for staff and residents.
2. **Hand sanitiser** should be available throughout buildings.

3. **Information and advice** regarding evictions within government guidelines should be made freely available.
4. **Haringey Council should inform the Joint Partnership Board on their plans to:**
 - a. prevent and reduce evictions now these are possible again.
 - b. prevent vulnerable people, or people who have learning difficulties, from being evicted.
5. **Haringey Council should report whether they have considered:**
 - a. pausing Council Tax for those who are facing severe hardship.
 - b. repayment plans to enable people to catch up on overdue rent.

Care Homes

Providing care and accommodation for people who need extra support in their daily lives in times of Covid-19 has been extremely challenging for care home staff, residents and their families.

What has worked well

- **Remote connections.** Some care homes have enabled residents to contact their families, and vice versa, using social media which was reported as being very comforting.

Concerns and points raised

- **Infection rates.** There were concerns about infection rates in care homes, and the discharge of Covid-19 patients from hospital back into care homes.
- **Personal Protective Equipment (PPE).** Concerns about Personal Protective Equipment availability were reported.
- **Contacting loved ones.** Not all care homes offered digital facilities for families to connect with their loved ones. Where they did, it was often the case that hard pressed staff could not be spared to support patients in using it.
- **Safeguarding/digital technology.** As some care homes now enable the use of technology for contacting loved ones, there is concern regarding safeguarding when using digital technology.

Proposals and suggestions

- 1. Keep families connected.** In all care settings facilities should be in place to enable families to remain in touch with family members.
- 2. Keep friends connected.** Add friends to the list of those able to visit/communicate with residents as many residents no longer have living family members.
- 3. Resident digital support.** Staff should support residents accessing and using digital technology to do things online and keep in touch with friends and family - especially those residents funded by the Council. In particular, access to FaceTime, Skype, Zoom and Microsoft Teams should be facilitated.

Parks and Recreation Facilities

Parks formed an important part of physical and mental health wellness provision during the lockdown. Where park access was disrupted a significant impact was felt by service users and their families.

What has worked well

- **Open parks.** Haringey kept its many parks open. Members reported using the parks for walking and exercise which had a positive impact on their health and mental wellbeing.
- **Seating.** Haringey did not cordon off park benches as some other boroughs did.

Concerns and points raised

- **Car parks within the parks.** Even though parks were kept open, associated car parks were not. This was a huge issue to those with restricted mobility who could not use the parks for exercise. For many family members of people with a severe and complex learning disability, unable to access day centres or supported living units, this was a particular issue.
- **Facilities in parks.** Cafes and toilets in parks were closed, an especially limiting factor for many vulnerable people.
- **Staff/security personnel in parks.** Concerns about the lack of security personal in parks and issues of anti-social behaviour taking place.
- **Swimming pools.** Swimming pool closures was an issue for those with restricted mobility who benefit from aquatic exercise.

Proposals and suggestions

- 1. Free and open car parks.** Car parks should be open and free of charge to those who are using parks as an alternative provision.
- 2. Consider health impacts.** To consider the effects on physical and mental health of people who are already at risk because of being denied access to pools and parks.
- 3. Keep cafés open.** Cafés in parks should be open (though people do understand why they were not able to stay open).
- 4. Keep toilets open.** Toilets in parks should be open.
- 5. Make parks safer.** Look at making parks safer for vulnerable people.
- 6. Park time for the vulnerable.** The possibility of a quiet hour where vulnerable people could feel safer and more confident to go to a park was proposed.
- 7. Protection for vulnerable park users.** Introduce voluntary patrols to safeguard vulnerable people against anti-social behaviour within parks.
- 8. Priority car park access.** Car parks could be opened to blue badge owners only.
- 9. Share information on decisions made.** Haringey Council should provide the rationale for closing car parks during the lockdown. They should inform the Joint Partnership Board about car parking arrangements.

Parking

Parking provision during lockdown was seen as an essential part of enabling mobility and access for vulnerable service users. Disruption to parking was seen as a difficulty by many service users.

Concerns and points raised

- **Disabled parking.** Some disabled parking was given over to facilitate socially distanced queuing outside shops.
- **Poor communication.** Information on parking was very poorly communicated, such as the relaxation of many parking restrictions.

Proposals and suggestions

1. **Extra parking for those who need it.** Extra parking should be made available for blue badge holders.
2. **Improved parking information.** Communication on parking and disability parking should be improved.

Personal Budgets and Assistants

Personal budgets enable service users to have greater choice and control over the care and support they receive. Many service users employ the service of a Personal Assistant (PA), but during the lockdown this arrangement was particularly challenging for some service users.

Concerns and points raised

- **Personal Protective Equipment (PPE).** There were serious concerns that Personal Protective Equipment was not provided to service users, carers or assistants.
- **Personal assistants.** Some people decided not to allow their personal assistants into their home as some also work in care homes. They were worried about the risk of infection.

Proposals and suggestions

1. **Free Personal Protective Equipment (PPE).** Personal Protective Equipment, including visors, should be free for those with personal assistants.
2. **Changes to care support plan rules.** Spending on Personal Protective Equipment should be allowed even if it is not part of a specific care support plan.
3. **Add to the key workers list.** Personal assistants should be regarded as key workers.
4. **Introduce reserve assistants.** Given the dependency of many on their assistants, a reserve capacity of assistants, who do not work in care homes, ought to be built up by the Council, who could be deployed if necessary, during a similar crisis in future.

Food Provision

Many households have benefited from receiving food parcels for health or financial reasons.

What has worked well

- **Food parcels.** Residents appreciated receiving food parcels.
- **Food provision.** Food parcels have been provided to thousands of residents in need.

Concerns and points raised

- **Food shopping.** Unpaid carers found it difficult to find time to go to supermarkets, especially when queues were long and they did not have priority entry.
- **Religious and cultural diets, and unsuitable food.** Food parcels contained food that did not always conform to the dietary needs of the individuals receiving them.
- **Poor advice on unused food.** Recipients of food parcels were unsure what to do with food they did not use, for example, could it be passed on to others or would this run the risk of spreading infection.
- **Difficulties accessing food provision.** Concerns were raised that amongst vulnerable groups, heightened anxiety would be very likely which would result in decreasing ability for self-care including an inability in some cases to access and organise food deliveries.
- **Rationing.** Many vulnerable people, for example those with autism, have restricted diets and only eat certain types of foods. If rationing occurred, formally or informally, this could have had a negative impact on individuals health and the health of those they care for.

Proposals and suggestions

- 1. Tailored food parcels.** Food parcels should take into consideration an individual's specific dietary needs.
- 2. Review food-aid.** A review should be undertaken to ensure that all eligible vulnerable people were allocated food aid.
- 3. Unpaid carers ID.** Unpaid carers should be supplied with temporary ID cards to allow entry to reserved slots in supermarkets.
- 4. Advice on food use.** Advice should be given on what to do with food that is not used.

NHS and Primary Care Services

As a substantial element of care provided is through the NHS, changes to service provision during lockdown often had a substantial impact on service users. Positive changes and continuation of services were greatly appreciated.

What has worked well

- **Phone and online appointments.** Appointments being offered over the phone or online during the lockdown was seen as positive.
- **Hospital phone contact.** Contact with hospitals by phone was reported as being very good.
- **Podiatry services.** Urgent podiatry services remained accessible.
- **NHS 111.** It was reported that the NHS 111 service worked well, particularly during out of hours times.
- **Pharmacy services.** Pharmacists stepped in to support the community with emergency and non-emergency advice when GPs were unavailable.

Concerns and points raised

- **Blood tests.** Not all GP practices offer blood test services, those that do usually only do so for people aged over 65. This is a particular issue for those who require regular blood tests and those shielding.
- **GP access/clinical provision.** A number of people were unable to get through to their GPs by phone. Some practices only provided very minimal services, in some cases only admin and repeat prescriptions. There was also a concern that lack of physical examination could lead to misdiagnosis and medical needs going unnoticed.

- **Appointments, treatments and operations.** Issues with cancellations and treatment/operation delays were reported.
- **GP and hospital appointment rescheduling.** Hospitals were sometimes slow to reschedule appointments. Some appointments, for example screenings, were cancelled without any follow-up appointment being booked.
- **Access and knowledge of pharmacy deliveries.** Concerns were raised that some pharmacies did not increase, or promote, deliveries of medications. Although delivery services exist it was felt that few people knew of them.
- **E-consulting.** Moving to virtual appointments is an issue for those who are digitally excluded, and for those who are vulnerable, for example - people with mild to moderate learning difficulties, who may not have carers to support them. Face-to-face appointments should be available once they can be done safely.
- **Delays and difficulties with health assessment.** Concerns about health assessments for vulnerable people and over 60s not being done on time. Additionally, it is understood that health assessments for over 60s are not being undertaken in the west of the Borough. Cognitive testing can be difficult to do remotely.
- **Fear of accessing services.** Concerns were raised that the fear of going to a hospital may have deterred people from seeking the help they needed. For example, the fear of sensory over-stimulation may deter someone with autism from seeking medical help, i.e. the fear of being taken into a noisy and crowded hospital may have been too overwhelming to face.
- **Community care assessments.** Concerns about community care assessments not being undertaken.
- **Hospital visits.** Those who are told to attend hospital appointments, or to have blood tests done, worried about the risk of contracting the virus.
- **Remote hospital assessments.** There was a concern that remote assessments, by phone or online, do not have the same holistic approach to assessment that in-person appointments do and are therefore not as thorough. Therefore, it was felt that these should not become the only way of accessing medical assessments.
- **Covid-19 tests.** Confusion as to who could be tested and where.
- **Covid-19 recovery.** Though an evolving area of medical knowledge, there was concern that not enough information existed on pathways of recovery from Covid-19.

- **Shielding letters.** Concerns were noted that letters instructing vulnerable people to shield arrived late, with some users reporting letters arriving in May. As a result, some vulnerable people (who often knew they needed to shield themselves) could not access help such as food parcels and reserve delivery slots unless they were identified by a mutual aid group.
- **Disagreement on who needed to shield.** In some cases, users were concerned that there was a disagreement between the NHS and their GP on the necessity of shielding or not.
- **Contacting and triaging difficulties.** In the case of autistic people, concerns were raised as they may require a variety of ways to contact services. Using the phone can be difficult or impossible, as can pro-actively getting in touch for help during a time of increased stress. If autistic people do contact service providers, they can be in danger of being 'triaged out' of getting support if frontline staff do not understand autistic needs, or if the criteria for eligibility are insufficient to cover autistic needs.
- **Memory assessment services.** As these services closed across London during lockdown, it was not understood what was being done for those on the waiting list in terms of identifying who on the list needed help and sharing this information appropriately.
- **Classification of dental treatments.** Concern were raised that there was no clear explanation of what constituted a dental emergency.
- **Difficulties accessing dental services.** Concern was raised that there was differing access to treatment appointments.
- **Undetected vulnerable people.** Concerns were raised that those who are considered 'hidden' - cohorts of vulnerable people - may be unknown to the Council and NHS, for example those with early stage dementia, would not have received support they needed.
- **Covid-19 related delirium.** Concerns were raised that planning would be required with regard to Covid-19 related 'delirium,' which would be likely to affect people with dementia in particular and could cause a rise in the number of dementia cases in the near future.

Proposals and suggestions

1. **Universal blood tests.** GPs should offer blood tests to those shielding regardless of age.
2. **Consultation protocol.** Protocol should be developed to ensure that different GPs and hospitals offer a consistent and appropriate route to care.
3. **Post Covid-19 care advice.** A Clinical Commissioning Group (CCG) inspired statement, or widely available advice, on what to look out for after someone has recovered from Covid-19.

- 4. Ensure test availability.** The Council/ Clinical Commissioning Group (CCG) should ensure information on local tests is accessible and available.
- 5. Share health assessment plans.** The Clinical Commissioning Group (CCG) should provide more information on health assessments and plans to address any shortcomings, if there are any.
- 6. GP clinical care review.** The Clinical Commissioning Group should review what GPs have provided in terms of clinical care.
- 7. GP home visits.** GPs should offer home visits for those who need them.
- 8. Consult on e-consultations.** An ongoing consultation should be arranged with patient groups in regard to e-consultations and phone assessments.
- 9. Understand e-consultations.** Statistics should be gathered on the success and failure of e-consultations.
- 10. Improve follow-up.** Better follow-up on rearranged appointments and screening by both hospitals and GPs should be put in place.
- 11. Free Personal Protective Equipment (PPE) for dental care.** Free Personal Protective Equipment should be made available for NHS dental care.
- 12. Share future plans.** Information should be shared with the Joint Partnership Board on the strategy and vision for opticians and dentists in the new normal.
- 13. Provide recovery information.** Pathways to recovery should be set out.
- 14. Universal shielders list.** A common list of local shielders should be established and shared between GPs and the NHS. This should be kept up to date on an ongoing basis.
- 15. Consider unknown vulnerable people.** The Council and NHS should take into account the numbers of unknown vulnerable people in their response to Covid-19 and lockdown.
- 16. Dental paths for non-emergency treatment.** A path to advice and treatment should be made clear to those with non-emergency dental needs.
- 17. Share information on digital inclusion.** The Clinical Commissioning Group (CCG) should provide information on:
 - a. how they plan to ensure digital enablement.
 - b. how they will ensure the digitally excluded can continue to access services and receive care.

Appendix

Joint Partnership Board

Co-Chairs: Sharon Grant
Helena Kania
Andrew Carpenter

Reference Group Chairs

Autism Reference Group

Chair: Andrew Carpenter

Carers Reference Group

Chair: Isha Turay

Dementia Reference Group

Chair: Tim Miller / Paul Allen

Learning Disabilities Reference Group

Chair: Debbie Floyd / Patricia Charlesworth

Mental Health Reference Group

Chair: Sue Wedge

Older People Reference Group

Chair: Gordon Peters

Physical Disabilities Reference Group

Chair: Graham Day

SCALD (Severe and Complex Autism and Learning Disability) Reference Group

Chair: Mary Langan

Transitions Reference Group

Chair: Public Voice (the group is in the process of electing a new Chair)

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